

HOMOEOPATHY AND RHEUMATISM

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The problem of the continual increase in cases of rheumatic affections is exercising the minds of both the profession and the laity, and rheumatism bids fair to displace cancer itself as public enemy No. 1.

The term rheumatism is a wide one and covers several different forms of the disease. To begin with we have acute rheumatism (or rheumatism fever) and chronic rheumatism with the half-way house sub-acute rheumatism. Then there are complaints such as chorea or St. Vitus' dance, which are not directly labelled rheumatic, but which are known to be a manifestation of the rheumatic toxin. Chorea, moreover, can affect the heart in the same way as rheumatic fever.

Under the heading of chronic rheumatism we can have muscular rheumatism, fibrositis (or rheumatism of fibrous tissues) and arthritis or joint rheumatism. As sub-varieties of the last named, we can get monarticular rheumatism or rheumatism affecting a single joint, such as the hip and polyarticular rheumatism or rheumatic involvement of several joints at once. Finally, there is gout, a form which though loosely applied to various forms of rheumatism should strictly speaking be reserved for the disease affecting the big-toe joint, a form becoming increasingly rarer (a fact possibly having some connections with the rise in the price of port).

Finally, growing pains in children should be considered as rheumatic and the child should receive careful constitutional treatment.

All these different titles and varieties matter little so far as homoeopathic treatment is concerned, though they are necessary for purposes of diagnosis and prognosis.

The great truth to get firmly into one's mind is that you cannot cure rheumatism by treating rheumatism. The great rule applies here as in all cases—treat *the patient*, not the disease.

We must not think in terms of remedies for rheumatism. There are as many possible remedies for rheumatism as there are remedies in our materia medica.

A remedy may even cure rheumatism that has never before been known to have been used in rheumatism.

Apart from the various types of rheumatism mentioned, each type will be differently manifested by each individual patient. These symptoms of the rheumatism itself may be used to confirm the remedy prescribed on the patient's own symptoms, or if striking enough, can be used alone for a prescription in those rare cases where the patient's own symptoms are not sufficient on which to base a constitutional remedy.

To give instructions, then, for treating rheumatism would be to give the

symptom indications for all or most of the possible constitutional remedies we possess.

Short of this, it is possible to indicate the main points that should be taken into consideration in prescribing for rheumatism *per se*, as can be done in acute cases, as well as in those exceptional ones above mentioned.

First of all there is the causation if this can be ascertained. It may be derived from the family history or from past experiences in the patient.

As an example of the former, tuberculosis is important, a considerable proportion of rheumatic cases being traceable to this cause. Indeed it is safe to say that some cases of arthritis will not improve without an anti-tuberculous remedy, such as tuberculin.

Amongst other causes, nearer home, so to speak, is exposure to wet, either over a prolonged period or on one occasion. This cause makes one think of a remedy such as *Rhus tox.* or *Dulcamara*. Trauma or injury, is another fairly frequent cause, as rheumatism is always apt to settle in parts whose resistance has been lowered by injury. This cause suggests *Arnica*, *Rhus tox.*, *Bryonia*, *Ruta*, *Calc.*, *Phos.*, etc.

Rheumatism as well as other chronic disorders, may occasionally be due primarily to an acute illness such as scarlatina, even many years previously. When a case with such a history does not improve under apparently well indicated remedies, it may be worthwhile to give a dose of the appropriate nosode (e.g. *Scarlatinin*).

Another prominent example of rheumatism directly traceable to an acute illness is gonorrhoeal rheumatism. If we meet a case of rheumatism in an adult affecting one joint, say the knee, we should enquire as to previous gonorrhoea, and should this be admitted (or even if not), we think of an anti-gonorrhoeal remedy, such as *Medorrhinum* or *Thuja*.

Thuja, again, is one of the drugs to consider when there is a history of ill effects of vaccination.

There are, of course, other possible causes behind a rheumatic condition, but those mentioned are the most important.

Next to be considered are the locality of the part or parts affected, and the character of the pain, e.g. aching, gnawing, burning, stitching, etc.

Fully to cope with these details a repertory is necessary, but this is expensive, if not at present actually unobtainable, and moreover, takes years to learn to use it. So we can pass to a still more important item—the modalities. These are the factors affecting the symptoms for good or ill, and in a case of rheumatism are principally motion, position, heat and cold, weather, time of day.

A few well-marked modalities may lead one quickly to the right remedy.

For example, rheumatic pain which is worse on beginning to move and improves on continued motion; is worse during or before wet weather; is relieved by the application of heat, this at once suggests the remedy, *Rhus tox.*

Bryonia, on the other hand, is thought of when the pain is worse on the least movement, and gets worse still on continuing to move, and is no better, or even worse, from applied heat.

Pulsatilla, again, has relief from gentle movement, but is worse from heat. Then China (Cinchona) likes heat applied and wants pressure but the part may be too tender to admit of pressure.

A few remedies have the symptom, 'worse in dry weather than in wet'. This being unusual in rheumatism is a symptom of high value. Such remedies include Causticum, Hepar, Nux vomica.

It will be seen how the modalities help to differentiate between the drugs and form one of our most valuable guides to the selection of the remedy.

Another important factor is the position found to relieve or the opposite. Bryonia likes to be on the affected side, to get the pressure. Phosphorus does not, and as many Phos. symptoms tend to take the left hand side of the body and Bryonia the right, Phos. will usually lie on the right side, as well as Bry. Other remedies affected by position are Lycopodium and Mercurius which both tend to be worse from lying on the right. When a patient's pains or symptoms are worse while sitting, Pulsatilla is a remedy to have in mind. Other remedies have aggravation from stooping or on rising from stooping, or on rising from a seat.

One could add almost indefinitely to the list of modalities but to use them to the fullest advantage, the remedies have to be known intimately.

The side of the body on which symptoms are manifested when this runs through most of the case is useful as a confirmatory aid but should not be stressed too much. The chief drugs to remember in this category are: Bryonia, Lycopodium, Chelidonium, for right-sided symptoms, Lachesis, Phosphorus for left-sided. Lycopodium may also have symptoms on the right side in the upper limbs and in the left side in the lower, also right sided spreading to left.

Lac caninum is unique in having symptoms that keep changing from one side to the other and back again.

The time factor is highly important if regularly recurrent. Here are the chief times of aggravation with their appropriate remedies:

Around midnight—Arsenicum.

About 2 or 3 a.m.—The Kalis.

4 a.m.—Nux vomica.

5 a.m.—Sulphur.

All night or any part of the night—Mercurius, Syphilinum.

11 or 12 in day—Sulphur.

4 to 8 p.m.—Lycopodium.

Twilight—Pulsatilla.

9 p.m.—Bryonia.

On waking from sleep any time—Lachesis.

This short article being primarily on the homoeopathic treatment of

rheumatism, the important question of diet can be mentioned only briefly. It must be emphasized however, that one of the chief factors in the causation of rheumatism is excess of starchy food which includes bread, potatoes, macaroni, rice and other cereals. Dieting under war or post-war conditions is difficult, but at least cakes and pastries can be cut down, and bread avoided as an extra at meals.

Needless to say, any definitely septic focus, such as teeth or tonsils should be removed before the course of medicine is begun.

It is also important to forbid any suppressive treatment of a catarrh, such as douches, inhalations, sprays, etc., as a catarrhal discharge may be relieving the rheumatic condition.

The treatment of chronic rheumatism is often a disappointing and discouraging affair, but perseverance is well worth while, as improvement may begin to show after a year or two's steady treatment and even if a cure be not obtained, it is rare under homoeopathic remedies, not to be able to check the progress of the disease and relieve pain in a complaint which ordinarily can be expected to go from bad to worse.

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